

Senate Concurrent Resolution No. 29

RESOLUTION CHAPTER 36

Senate Concurrent Resolution No. 29—Relative to Lyme Disease Awareness Month.

[Filed with Secretary of State May 10, 2007.]

LEGISLATIVE COUNSEL'S DIGEST

SCR 29, Scott. Lyme Disease Awareness Month.

This measure would proclaim the month of May 2007 as Lyme Disease Awareness Month.

WHEREAS, Lyme disease is caused by the spirochete (a corkscrew-shaped bacteria) called *Borrelia burgdorferi* and is transmitted by the western black-legged tick. Lyme disease was first identified in North America in the 1970s in Lyme, Connecticut, the town for which it was then named. This disease has since been reported in many areas of the country, including 52 counties in California. Its spread is essentially global, having been reported in 30 countries on 6 continents and several islands. Lyme disease, therefore, is not “rare” and 25 percent of its victims are under 15 years of age; and

WHEREAS, The federal Centers for Disease Control and Prevention (CDC) made Lyme disease a nationally notifiable condition in 1982. Over 125,000 cases have since been reported nationwide, making Lyme disease the most frequently reported vector-borne disease. In 2002, the number of cases reported increased by 40 percent over the prior year to 23,763 cases. The CDC estimates that only 10 percent of the Lyme disease cases are actually reported, and the current CDC surveillance criteria is outdated and leads to gross underreporting; and

WHEREAS, Lyme disease mimics many other diseases and is called the second “great imitator” after syphilis. Patients are often misdiagnosed with more familiar conditions, including chronic fatigue, fibromyalgia, multiple sclerosis, amyotrophic lateral sclerosis (Lou Gehrig’s disease), or Parkinson’s disease, for which there is no cure, only palliative remedies. Manifestations of cognitive and memory impairment from neurological Lyme disease are commonly misdiagnosed as depression or other mental conditions; and

WHEREAS, Prompt treatment with antibiotics at the onset of Lyme disease can cure the infection and prevent complications of “persistent Lyme disease.” However, if treatment is delayed, the disease will cause progressive debilitation and recovery will take much longer; and

WHEREAS, In California, the western black-legged tick (*Ixodes pacificus*) transmits the bacteria that cause Lyme disease during its bite and blood draw. These ticks are most common in the coastal regions and along

the western slope of the Sierra Nevada range. Ticks prefer cool moist environments, such as shaded grasses, shrubs, and leaf litter under trees in oak woodlands; and

WHEREAS, Ticks have three life stages. The larvae and nymphs are found in low, moist vegetation such as in leaf litter and oak tree trunks. Adults are found on the tips of grasses and shrubs, often along trails and usually carried by deer. Infected nymphs and adult females of the western black-legged tick can transmit Lyme disease bacterium to humans. Because nymphs are tiny and difficult to see, they may not be removed promptly. Nymphs are most active in spring and early summer, when people are most likely to be outdoors. Indeed, the peak time for contracting the disease is between April and June, hence the designation of May as Lyme Disease Awareness Month; and

WHEREAS, There are fewer than 30 “Lyme-literate” physicians in clinical practice in California, resulting in frequent misdiagnosis and undertreatment of patients. This marginalization has led to broken families, financial hardship, job loss, increased numbers of people on disability or welfare, and even death. Lyme disease is a hidden public health epidemic that must be addressed promptly; and

WHEREAS, In 1999, Senate Bill 1115 established the Lyme Disease Advisory Committee (LDAC) to provide information and service to the Lyme patient community and to focus expertise and potential leadership on this public health epidemic and to encourage the use of protective clothing; and

WHEREAS, In 2002, Assembly Bill 2125 established that Lyme disease could be a compensable employment injury through the workers’ compensation system for certain law enforcement personnel, thus recognizing that Lyme disease could be an occupational hazard and job injury; and

WHEREAS, In 2004, the International Lyme and Associated Diseases Society developed “Evidence-based Guidelines for the Management of Lyme Disease,” published in *Expert Review and Anti-infective Ther.*:2(1), 2004. It is now clear that long-term antibiotic treatment of persistent Lyme disease can be effective; and

WHEREAS, In 2004, Assembly Bill 1091 revised the method by which the state may modify the list of reportable diseases making Lyme disease laboratory-reportable in addition to doctor-reportable. This made a difference. For the first half of 2006, 119 Lyme disease cases were reported, versus 26 and 17 reported for the years 2005 and 2004, respectively; and

WHEREAS, Recently, in 2005, Assembly Bill 592 had a two-fold purpose: to ensure that physicians who diagnose Lyme disease based on personal examination and develop a treatment plan based on informed consent with the patient cannot be charged with incompetence for this professional practice, and specifically recognizing the treatment of “persistent Lyme disease” opening a window for both physicians and patients to see that this complex disease can indeed be treated. Today, California and Rhode Island are the only states in the United States that have this kind of state legislation; and

WHEREAS, The Legislature finds that this disease is a developing epidemic that presents a major health threat to all Californians; now, therefore, be it

Resolved by the Senate of the State of California, the Assembly thereof concurring, That the Legislature of the State of California hereby proclaims the month of May 2007 as Lyme Disease Awareness Month; and be it further

Resolved, That the Secretary of the Senate transmit copies of this resolution to the author for appropriate distribution.